

Appendix B<sub>2</sub>

## PART B - RESPONSE

CONDON, JOHN	148840	1412-209-023	R.M.C. - MAIN UNIT	K3110L
INMATE	NUMBER	GRIEVANCE LOG NUMBER	CURRENT INMATE LOCATION	HOUSING LOCATION

Your formal grievance has been received, reviewed and responded to. You have requested reconsideration of your placement in CM II status. However you have not sufficiently supplied evidence as to why the recommendation for CM is in error and thus unjustified. Your grievance is hereby denied. You may obtain further administrative review of your complaint by obtaining Form DC1-303, Request for Administrative Remedy or Appeal, completing the form and providing attachments as required by 33-103.007, and forwarding your complaint to the Bureau of Policy Management and Inmate Appeals, 501 S. Calhoun Street, Tallahassee, Florida, 32399-2500.

Charles  
SIGNATURE AND TYPED OR PRINTED NAME  
OF EMPLOYEE RESPONDING

PA Winkler  
SIGNATURE OF WARDEN, ASST. WARDEN, OR  
SECRETARY'S REPRESENTATIVE

12-17-14  
DATE

mailed 12-17-14

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